

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 09, 2001 8:00 am
Secretary of State

03-09-2001 90503 013 ***150.00

DOCUMENT # P97000102279

1. Entity Name

TRANS-MAT, INC.

Principal Place of Business

8921 SW 142 AVE # 422
MIAMI FL 33186

Mailing Address

8921 SW 142 AVE # 422
MIAMI FL 33186

2. Principal Place of Business

12336 NW 14TH STREET

Suite, Apt. #, etc.

3. Mailing Address

12336 NW 14TH STREET

Suite, Apt. #, etc.

City & State

PEMBROKE PINES, FLORIDA

City & State

PEMBROKE PINES, FLORIDA

Zip

33026

Country

USA

Zip

33026

Country

USA

4. FEI Number

65-0801131

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SARMIENTO, MARIA S
8921 SW 142 AVE. # 422
MIAMI FL 33186

7. Name and Address of New Registered Agent

Name **CARLOS A SARMIENTO**

Street Address (P.O. Box Number is Not Acceptable)
12336 NW 14TH STREET

City **PEMBROKE PINES**

FL

Zip Code **33026**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

[Signature] **CARLOS A. SARMIENTO TD**

03-02-01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PSD** ☒ Delete
NAME **SARMIENTO, MARIA S**
STREET ADDRESS **8921 SW 142 AVE # 422**
CITY-ST-ZIP **MIAMI FL 33186**

TITLE **TD** ☐ Delete
NAME **SARMIENTO, CARLOS A**
STREET ADDRESS **8921 SW 142 AVE # 422**
CITY-ST-ZIP **MIAMI FL 33186**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSD** ☒ Change ☐ Addition
NAME **SARMIENTO, CARLOS A**
STREET ADDRESS **12336 NW 14TH STREET**
CITY-ST-ZIP **PEMBROKE PINES, FL 33026**

TITLE **TD** ☒ Change ☐ Addition
NAME **SARMIENTO, MARIA S**
STREET ADDRESS **12336 NW 14TH STREET**
CITY-ST-ZIP **PEMBROKE PINES, FL 33026**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

MARIA S. SARMIENTO

03-02-01 (954) 450-8123

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

0113727